

CAMPAIGN FINANCE REPORT STATE OF WISCONSIN		1-1-10 to 6-30-10 MILWAUKEE COUNTY ELECTION COMMISSION 2011 JAN 31 A 10:47 RECEIVED OFFICE USE ONLY
Is This Report an Amendment: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Instructions for completing schedules are on the back of each schedule.		
COMMITTEE IDENTIFICATION		RECEIVED OFFICE USE ONLY
Name of Committee: <i>Citizens for Paul Cesarz</i>		
Street Address: <i>5242 S. Robinwood Lane</i>		
City, State and Zip Code: <i>Hales Corners, WI 53130</i>		
		WSEB ID Number:

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

<input type="checkbox"/> January Continuing _____	<input type="checkbox"/> Pre-Primary _____	<input type="checkbox"/> Spring _____	<input type="checkbox"/> Fall _____	<input type="checkbox"/> Special _____	<input type="checkbox"/> Termination Report also complete Schedule 4
<input checked="" type="checkbox"/> July Continuing <i>2010</i>	<input type="checkbox"/> Pre-Election _____	<input type="checkbox"/> Spring _____	<input type="checkbox"/> Fall _____	<input type="checkbox"/> Special _____	

SUMMARY OF RECEIPTS AND DISBURSEMENTS

	Column A This Period	Column B Calendar Year-To-Date	Audited Totals Office Use Only	
1. RECEIPTS				
1A. Contributions (Including Loans) from Individuals	\$ 0	\$ 0	\$ -	\$ -
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0	\$ -	\$ -
1C. Other Income and Commercial Loans	\$ 68.23	\$ 68.23	\$ 68.23	\$ 68.23
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 68.23	\$ 68.23	\$ 68.23	\$ 68.23
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ 145.01	\$ 145.01	\$ 145.01	\$ 145.01
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0	\$ -	\$ -
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 145.01	\$ 145.01	\$ 145.01	\$ 145.01

CASH SUMMARY

Cash Balance Beginning of Report	\$ 48.78		\$ 48.78
Total Receipts	\$ 68.23		\$ 68.23
Subtotal	\$ 117.01		\$ 117.01
Total Disbursements	\$ 145.01		\$ 145.01
CASH BALANCE END OF REPORT	\$ (28.00)		\$ (28.00)
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0		\$ -
LOANS (Balance at the Close of This Period-3B)	\$ 52,526.79		\$ 52,526.79

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer <i>Paul M. Cesarz</i>	Signature of Candidate or Treasurer <i>Paul M. Cesarz</i>	Date: <i>8-6-2010</i>
		Daytime Phone: <i>(414) 241 9882</i>

The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

SEB

SCHEDULE 1-C
RECEIPTS
Other Income and Commercial Loans

Page ____ of ____

 Complete Committee Name Citizens for Paul Cesarz

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
6/01/10	Associated Bank 200 N. Adams Street Green Bay WI 54307	Fee Charge Off	\$68.23	
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SUBTOTAL OTHER INCOME THIS PAGE			\$ 68.23	
TOTAL ITEMIZED OTHER INCOME			\$ —	
TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS			\$ —	
TOTAL OTHER INCOME			\$ 68.23	

SCHEDULE 2-A
**DISBURSEMENTS
Gross Expenditures**

Page ____ of ____

 Complete Committee Name Citizens for Paul Cesarz

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
01/15/10	Associated Bank 200 N. Adams Street Green Bay WI 54307 Check if: <input type="checkbox"/> In-Kind Offset	Bank Fee	19.00	
02/12/10	Associated Bank 200 N. Adams Street Green Bay WI 54307 Check if: <input type="checkbox"/> In-Kind Offset	Bank fee	19.00	
03/12/10	Associated Bank 200 N. Adams Street Green Bay WI 54307 Check if: <input type="checkbox"/> In-Kind Offset	Bank fee	19.00	
04/14/10	Associated Bank 200 N. Adams Street Green Bay WI 54307 Check if: <input type="checkbox"/> In-Kind Offset	Bank fee	23.00	
05/31/10	Associated Bank 200 N. Adams Street Green Bay WI 54307 Check if: <input type="checkbox"/> In-Kind Offset	Bank fee	65.01	
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 145.01	
TOTAL ITEMIZED EXPENDITURES			\$ —	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ —	
TOTAL EXPENDITURES			\$ 145.01	

SCHEDULE 3-B

ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial

Page ____ of ____

Complete Committee Name Citizens for Paul Cesarz

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
6/30/10	Paul M. Cesarz 5237 Robinwood Lane Hales Corners WI 53130	52,526.79	0	0	52,526.79

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding
	\$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding
	\$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding
	\$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding
	\$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding
	\$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding
	\$

SUBTOTAL OUTSTANDING LOANS THIS PAGE

\$ 52,526.79

TOTAL OUTSTANDING LOANS

\$ 52,526.79